

On Line Application

Please download the following PDF form, fill it out, save it onto your computer, and e-mail the completed version to tristatesar@gmail.com.

Member Information:

Name: _____

Birth Date: _____

E-mail Address: _____

Street Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Phone: _____

Cell Phone: _____

Pager: _____

Employer Information:

Employer Name: _____

Business Phone: _____

Fax Number: _____

Street Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Best Way to Reach You at Work: _____

Medical Information:

Allergies: _____

Blood Type: _____

Medications: _____

Emergency Contacts:

Name 1: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell/Pager Number: _____

Name 2: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell/Pager Number: _____

About Yourself:

Have you ever been convicted of a felony? YES NO

If yes, please explain:

What experience do you have as a dog trainer/handler?

What else would you like us to know about you?

Dues will be payable upon acceptance of application.